

**FINAL ENVIRONMENTAL ASSESSMENT OF THE PROPOSED
SEISMIC UPGRADES AND SPECIALTY CARE IMPROVEMENTS TO
THE FORT HARRISON MEDICAL CENTER
HELENA, LEWIS AND CLARK COUNTY, MONTANA**

Prepared for:



**U.S. Department of Veterans Affairs
Office of Construction & Facilities Management
Central Region**

VA Project 401-436

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EXECUTIVE SUMMARY

The Department of Veterans Affairs (VA) is proposing structural retrofitting and selected renovations to Buildings 141, 150, 154, 154A, and connecting corridor, and construction of a new Acute Inpatient Care Building and parking structure at the VA Medical Center (VAMC) Fort Harrison, Lewis and Clark County, Montana. This Final Environmental Assessment (EA) is prepared in accordance with the National Environmental Policy Act (NEPA) of 1969 (NEPA; 42 USC 4321 et seq.), the President's Council on Environmental Quality Regulations Implementing the Procedural Provisions of NEPA (40 CFR Parts 1500-1508), 38 CFR Part 26 (Environmental Effects of the Department of Veterans Affairs Actions), and the VA NEPA Interim Guidance for Projects, dated 30 September 2010 (VA 2010a).

Identified buildings are seismically deficient and do not meet current VA code or design criteria. To correct deficiencies, four alternatives were considered, but only two were analyzed in detail in this EA:

- The **Proposed Action** (Preferred Action)—Alternative A – Plan West Building
- The No Action

The **purpose** of the Preferred Action is to protect life and property, while ensuring the facility can continue providing essential medical services to the veterans living near Helena, Montana following a major earthquake event.

The Preferred Action is **needed** to meet VA Directive 7512, a directive that establishes policy regarding the seismic safety of VA buildings, thus providing veterans with safety and reasonable options to VA medical services.

VA prepared this EA in accordance with NEPA to analyze potential environmental effects of the proposed action. This analysis performed in the EA concludes that the proposed action would not have significant adverse impact, either individually or cumulatively, to the human environment, provided mitigation measures consisting of best management practices and regulatory compliance measures described in this EA are implemented. Therefore, this EA concludes that a Finding of No Significant Impact is appropriate and that an Environmental Impact Statement is not required.

1.0 INTRODUCTION

The Department of Veterans Affairs (VA) Montana Health Care System is located at 3687 Veterans Drive in Fort Harrison, Lewis and Clark County, Montana (VAMC Fort Harrison) (figure A). VAMC Fort Harrison is a 34-bed acute care facility that provides essential medical and surgical inpatient and outpatient services to both male and female veterans living near Helena, Montana, which has one of the largest per capita veteran populations in the United States. VAMC Fort Harrison is located within a moderate high seismic zone and a previous assessment of the facility determined that numerous buildings are seismically deficient considering this seismic classification. Since the Primary Medical Center houses inpatient functions, a significant seismic event would inflict damage to structures and potentially cause harm to patients and staff. Therefore, the Department of Veterans Affairs (VA) proposes to rectify identified issues by completing the following proposed actions:

- Construct the new Acute Inpatient Care building and parking structure;
- Renovate and retrofit Buildings 154, 154A, and connecting corridor for seismic activity; and
- Perform structural repairs and retrofit Buildings 141 and 150.

In accordance with the National Environmental Policy Act (NEPA), the VA prepared this Final Environmental Assessment (EA) to analyze the potential environmental effects of the identified proposed actions.

1.1 Project Background

The Seismic Upgrade and Specialty Care Improvements project (Project) is situated within the central portion of the VA-owned Fort Harrison VAMC campus approximately 3.5 miles northwest of Helena, Lewis and Clark County, Montana (site). Fort William Henry Harrison is located immediately north of the Project, with associated training areas to the west. The Project area is underpinned by the Northern Rocky Mountains and lies at the base of Helena Valley's rolling foothills, approximately 4,008 feet above mean sea level (USGS 2001). Local terrain is generally flat and vegetation primarily consists of maintained lawn, shrub, and trees.

In 1892, the property was designated as a troop training site, and by 1895, soldiers were training at the fort. Fort Harrison became United States Public Health Service Hospital Number 72 in 1921 in response to the growing medical needs of returning American World War I veterans (VA 2017a). There have been numerous expansions and renovations to the hospital in the years since. Notably in 1935, an earthquake damaged ten campus buildings including the heating systems of the main hospital building, forcing the building to close for two years while repairs were made.

VA Directive 7512 establishes policy regarding the seismic safety of VA buildings, and facilities identified as critical and essential must meet additional requirements to remain operational after a seismic event (VA 2017b). VAMC Fort Harrison is located within a seismically active area classified as "Moderate High," and in recognition of this, the VA commissioned a seismic study of the primary facilities comprising the medical center to determine to what extent these buildings meet the current seismic codes (Layton 2017a, Layton 2017b, Layton 2017c, Layton 2017d). The five structures included in these studies included in the study were the Administrative Building (Bldg. 141), Dietetics Building (Bldg. 150), Main Hospital Building (Bldg. 154), Outpatient Building (Bldg. 154A), and corridor connecting Buildings 141, 150, 154 (i.e., Connecting Corridor [CC]) (Figure B). The results of the seismic study revealed that all buildings evaluated do not meet current seismic code standards and require seismic retrofits to achieve compliance.

This EA has been prepared to ensure VA complies with regulations set forth by the Council on Environmental Quality (CEQ) by implementing provisions of the National Environmental Policy Act (NEPA), Title 40 Code of Federal Regulations (CFR) Parts 1500-1508; and VA Regulations, Environmental Effects of VA Actions, Title 38 CFR, Part 26 (51 FR 37182, Oct. 20, 1986) (VA 1998). Additionally, this EA has been prepared in accordance with the VA NEPA Interim Guidance for Projects (VA 2010a).

An EA looks at the effects of a proposed action and reasonable alternatives to achieve the agency's objectives (VA 2010a). The EA is intended to be a concise document that:

- 1) Briefly provides sufficient evidence and analysis for determining the significance of the action and whether to prepare an Environmental Impact Statement (EIS);
- 2) Aides the VA's compliance with NEPA when no EIS is necessary; and
- 3) Facilitates preparation of an EIS (as necessary).

If the analysis finds there are no significant impacts, a Finding of No Significant Impact (FONSI) can be issued concluding the NEPA process.

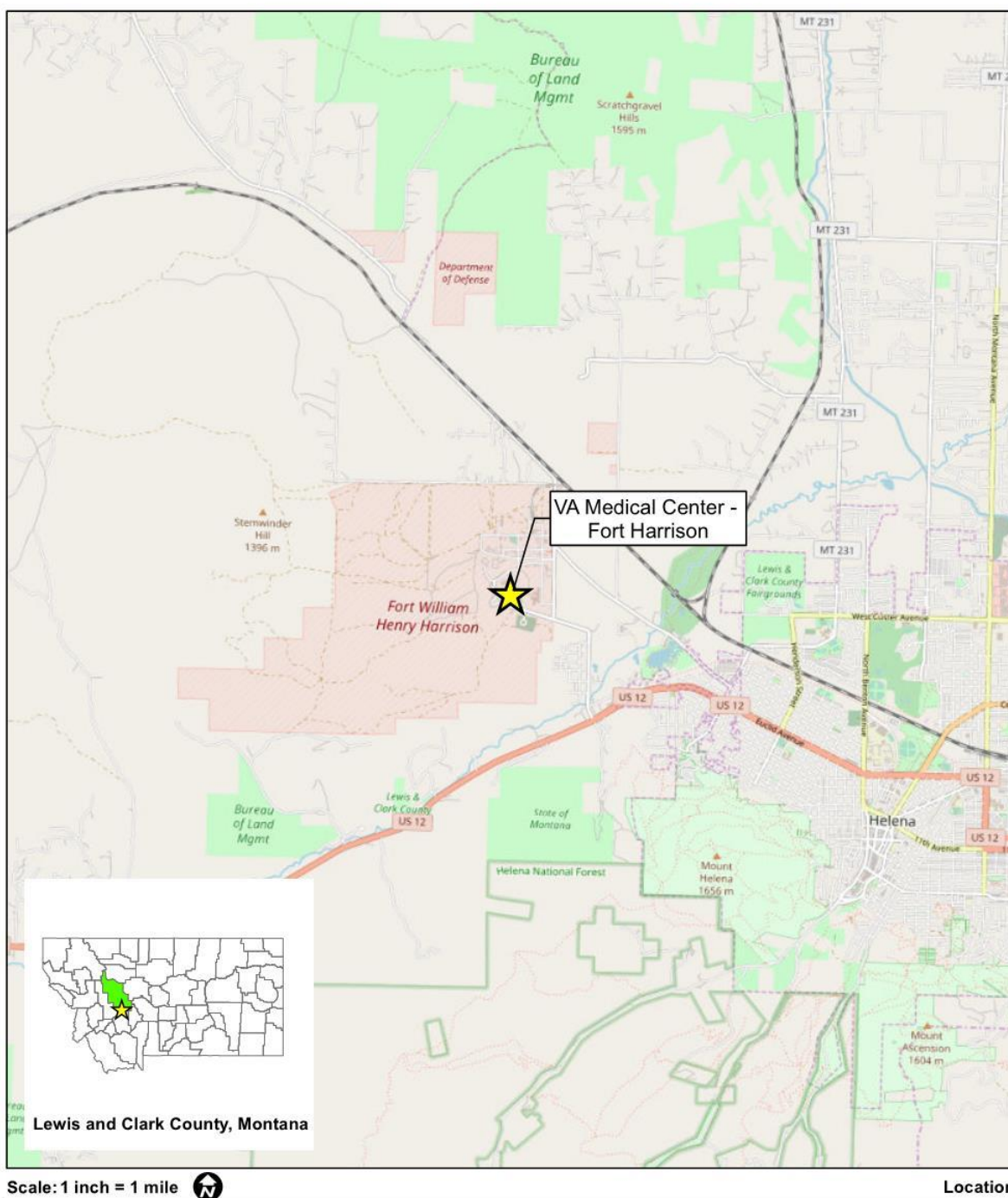
Two additional buildings on the VAMC Fort Harrison campus are planned and include Outpatient Primary Care (Bldg. 172) and Outpatient Mental Health (Bldg. 173). Construction of these facilities is estimated to commence Spring 2020 and Fall 2018, respectively. These new facilities are reasonably foreseeable standalone actions and are addressed in the cumulative impacts analysis. See Figure C, page 9.

1.2 Purpose and Need

The existing Building 154 is seismically deficient and is not compliant with current VA criteria. As previously noted, the Engineer with Layton, PLC seismic study reported that the Main Hospital Building has an Extremely High Risk (HER) for seismic vulnerability and recommended that the building be strengthened. As result, the VA assigned a seismic deficiency category of III, meaning that the building may be damaged in an earthquake. To ensure safety of Veterans and staff, and ensure preservation of mission-critical operations at the facility, VAMC Fort Harrison has a need to correct this seismic deficiency. Additionally, adjacent buildings structurally-integrated to the Main Hospital Building, collectively referred to as the Medical Center Complex, additionally have similar seismic structural deficiencies, and buildings include Buildings 141, 150, 154, 154A, and the corridor connecting Buildings 141, 150, and 154 (Connecting Corridor).

The Proposed Action sets out to correct identified seismic deficiencies of the Medical Center Complex through structural retrofits, while simultaneously maintaining the full capabilities of mission-critical operations within the Medical Center Complex during retrofitting activities. Based on a previous analysis completed by Anderson, it was concluded that construction of a new three-story, 80,000-square foot medical facility adjacent to Building 154 is needed to house all Acute Inpatient Care and associated functions prior to initiating retrofitting activities (Anderson 2018). Because the new Acute Inpatient Care medical facility is to be sited on existing parking lot footprint (parking lots C, D, and E), a new parking structure is needed to compensate for lost parking. The proposed location of the parking structure is within the existing north parking lot footprint (parking lots L and K). Other proposed locations of the Acute Inpatient Care building and parking structure were evaluated, but the identified preferred locations minimized cost and impacts to medical facility operation and cultural resources.

Following construction of the new medical facility, select medical departments will be transferred from the Medical Center Complex, and Buildings 141, 150, 154, 154A, and the connecting corridor will be structurally retrofitted to correct seismic structural deficiencies in accordance with VA codes. Lastly, significant portions of Buildings 141, 154, and 154A are in disrepair and a total remodel is needed (estimated at 120,000 square feet) to create space to accommodate projected needs, as identified in the 2013 Facility Master Planning session. See Appendix B for photos.



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Figure A. VAMC Fort Harrison Project Location and Vicinity

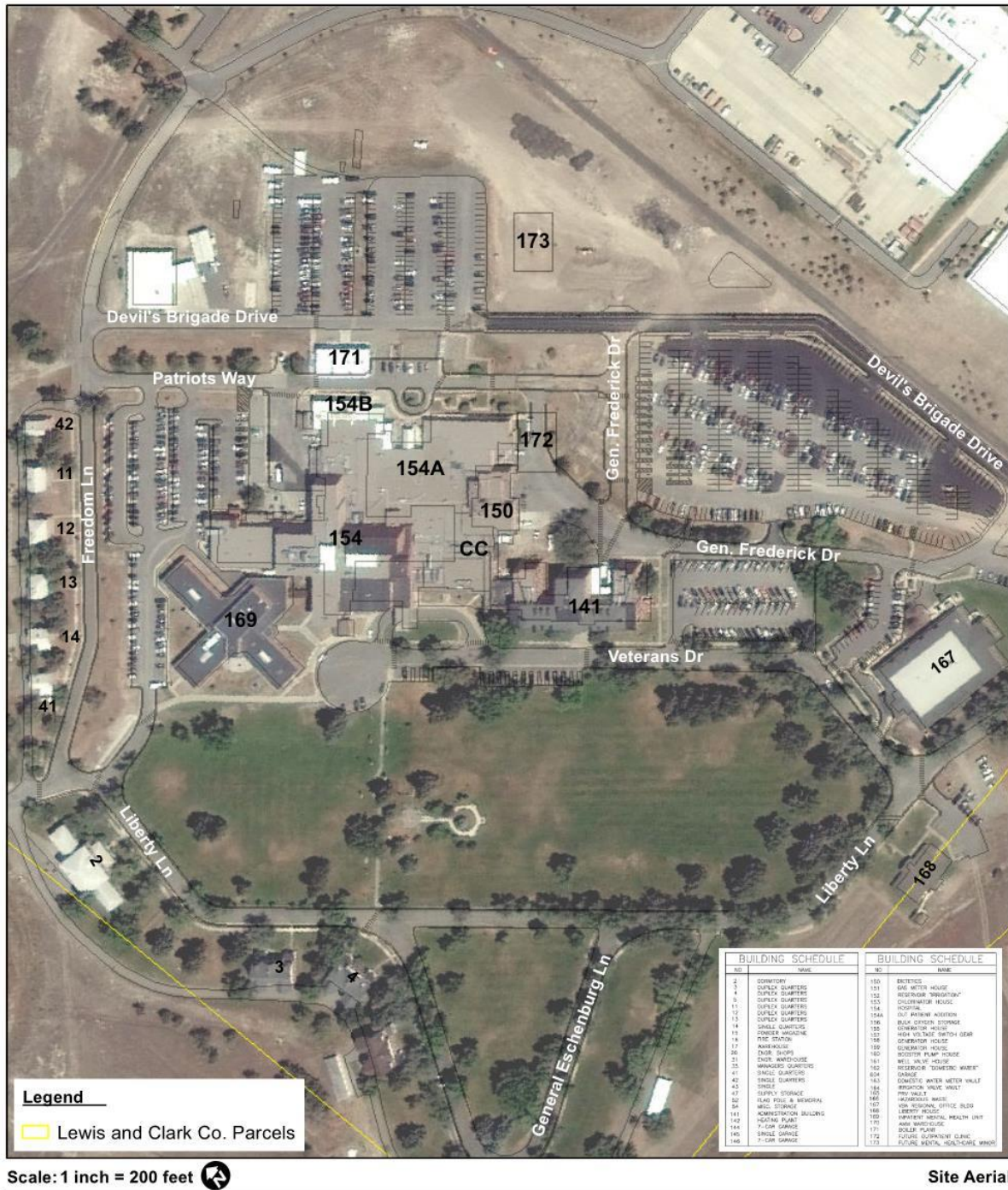


Figure B. VAMC Fort Harrison Aerial Photograph

2.0 ALTERNATIVES

This section presents the criteria involved in determining the Proposed Action and any alternatives that were considered. Alternatives must be evaluated in the EA per NEPA, CEQ, and VA NEPA regulations, including an explanation for any alternatives that were eliminated from consideration, if applicable.

Three locations for Alternative A, Alternative B, and Alternative C were considered for the new 80,000 square feet Acute Inpatient Care Building as described below and depicted in Figure C.

Alternative A—Plan West Building

The Plan West Building is proposed to occupy the footprint of parking lots C, D, and E, and adjoin the Medical Center Complex at the north corner of Building 154's west wing. Additionally, this alternative includes constructing a parking structure sited in parking lot L and K (north parking lot) to compensate for the loss of parking resulting from this action.

Plan West Building will abut the existing Medical Center Complex, which will result in relatively shorter patient and staff transfer times, and result in shorter utility connections. Historic buildings will not be adversely impacted by this Proposed Alternative Action.

Alternative B—Plan North Building

The Plan North Building is proposed to be located north of Building 171. Patient logistics would include transferring patients from this location to the Medical Center Complex via an enclosed patient transfer corridor bridge.

Plan North Building distance from the existing Medical Center Complex would require new underground utility tunnels and approximately 460-foot enclosed patient transfer corridor bridge. Approximately 150 feet of the enclosed bridge would be on top of existing Building 154A which was not designed for a future floor. Construction of a corridor bridge would have high operational impact on patient transfers and create additional associated cost with the significant length and structural improvements required for construction.

Alternative C—Parade Grounds Building

The Parade Grounds Building is located south of Building 154 in what is known as the Historic Parade Grounds, a contributing feature to VAMC Fort Harrison Historic District, and may host buried cultural resources (see Section 3.3 for additional details). Patient logistics would include transferring patients to the main facility via an enclosed patient transfer corridor bridge sited at or below grade.

Construction of a Parade Grounds Building would result in direct adverse effect on the parade ground, which is a contributing feature to the Fort Harrison Historic District. Extensive consultation, investigation, and monitoring are likely to be recommended by the Montana State Historic Preservation Officer (SHPO), Native American Tribes, and other consulting parties. This effectively eliminates the Parade Grounds Building as a feasible alternative.

No parking space would be lost with this alternative.

Alternative D—No-Action

The Medical Facility Complex would remain in its current layout and condition, and only non-recurring maintenance costs would be incurred. Structural deficiencies would not be corrected and the entire Medical Facility Complex would continue to be vulnerable to seismic events and remain out of compliance with VA building code. Ultimately, a seismic event experienced by the facility may result in serious harm to patients and staff as well as structural damage requiring the medical facility to be shut down, thereby negatively impacting the health and safety of patients and staff, and the quality of Veteran healthcare services.

2.1 Alternatives Retained for Detailed Analysis

Alternative A, Plan Building West, was selected as the preferred alternative and will be analyzed in this EA as the Proposed Action. Alternatives B and C were considered but not carried forward for reasons discussed above. This EA also evaluates Alternative D, the No-Action Alternative, under which the proposed action would not be implemented. See Figure D for the layout of the preferred action alternative.

2.1.1 Proposed Action Alternative

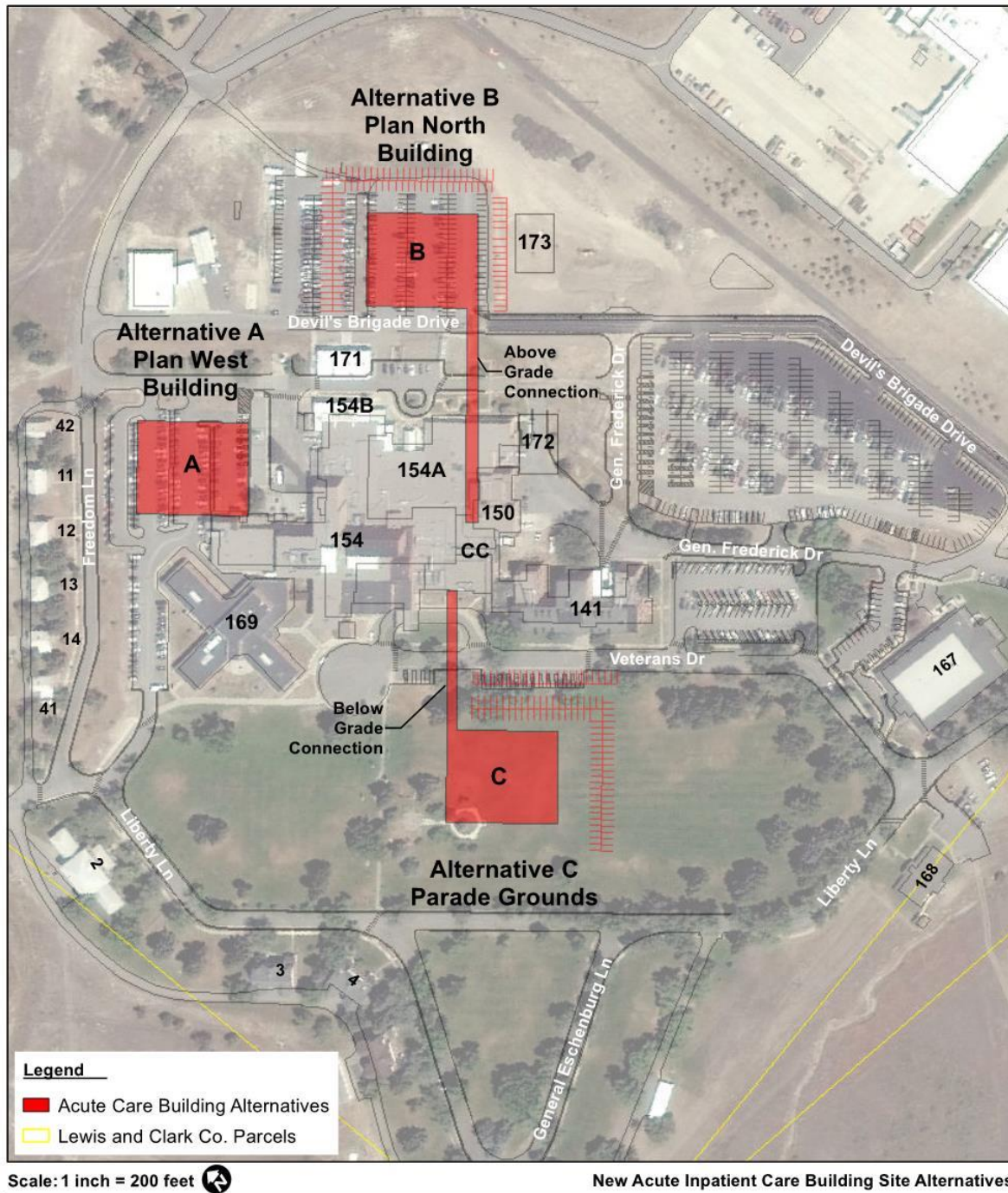
The proposed action involves:

- Construct the new Acute Inpatient Care building and parking structure;
- Renovate and retrofit Buildings 154, 154A, and connecting corridor for seismic activity;
- Perform structural repairs to Buildings 150, 141, and attached connecting corridor;
- Upgrade the boiler plant (Building 171) and infrastructure.

The proposed new Acute Inpatient Care building would add approximately 80,000 gross square-feet to the existing Medical Center Complex.

2.1.2 No-Action Alternative

Under the No-Action Alternative, the VA would not implement the proposed Project at VAMC Fort Harrison and the new Acute Inpatient Care Building and parking structure would not be constructed. There would be no increase in space for patients and no addition to parking spaces. The No-Action Alternative would not satisfy the purpose and need for the Proposed Action. The purpose of including this option is to serve as a baseline condition to which the Proposed Action can be compared.



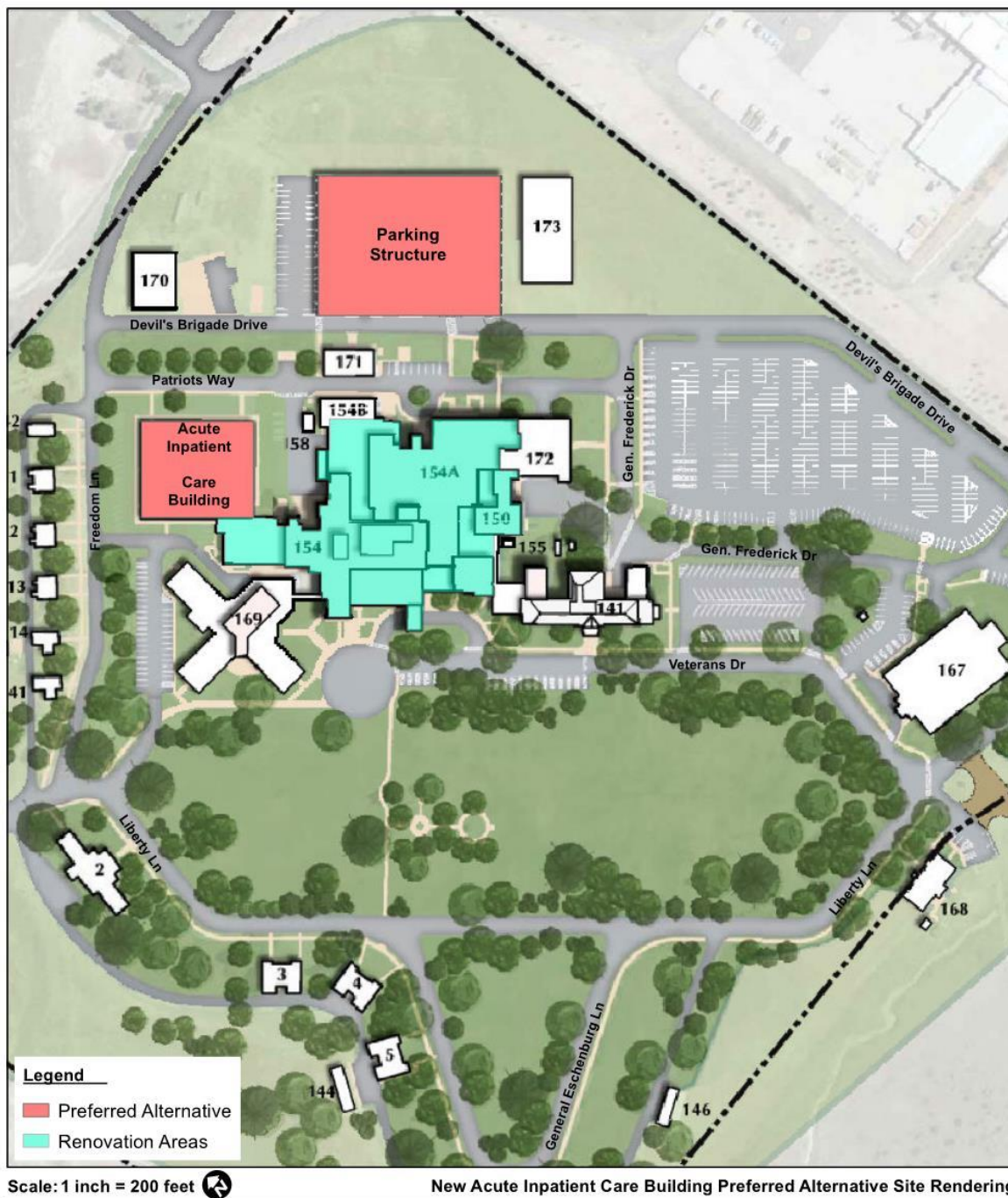
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Figure C. New Acute Care Building Site Alternatives



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Figure D. New Acute Inpatient Care Building Preferred Alternative Site Rendering

3.0 AFFECTED ENVIRONMENT & ENVIRONMENTAL CONSEQUENCES

This section presents a detailed assessment of the effect of the Proposed Action for each environmental resource. For each resource, the Proposed Action is compared to the No-Action Alternative.

3.1 Resources Analyzed

An initial screening process was used to determine which environmental resources may have the potential to be significantly adversely impacted by the proposed action. Because the project is specifically designed to produce certain environmental benefits (e.g., aesthetic architecture, reduction of seismic hazard) and to avoid or mitigate others (e.g., reduce energy and water use, increase material recycling), some environmental resources were dismissed from further consideration. In other cases, environmental resources were dismissed from further analysis if they may have the potential to be significantly impacted by the proposed project. The remaining resources were analyzed further to assess the likely impacts of the proposed action and to determine what actions should be taken to mitigate adverse impacts.

Impact Intensity is a measure of the magnitude of an impact, and is used here to determine the relative significance of the impact for the purpose of screening. The intensity of an impact may be:

- Negligible, when the impact is localized and not measurable or at the lowest level of detection;
- Minor, when the impact is localized and slight but detectable;
- Moderate, when the impact is readily apparent and appreciable; or
- Major, when the impact is severe and highly noticeable.

Table 1 indicates which resources were dismissed or retained for analysis, and the rationale for doing so.

Table 1. Assessed environmental resources

Resource	Dismissed?	Rationale
Aesthetics	Yes	The proposed Acute Inpatient Patient Care facility will be designed to enhance the (interior and exterior) aesthetic qualities of the medical facilities. The landscaping, open space, and ground amenities design will contribute to this objective. Because the new construction will be consistent with the current appearance of the Medical Center as a built-up facility, the effect on aesthetic values of the area is considered negligible.
Air Quality	No	Construction at the project site will create dust, smoke, and engine emissions. Appropriate VA and other regulatory guidance will be followed during construction. Construction of the new facilities will cause a minor, temporary negative impact to local air quality.
Cultural Resources	No	VAMC Fort Harrison is designated a National Register Historic District and contains a total of 22 historic buildings, including Buildings 141 and 150 (VA 2017a). Applicable VA guidance and other regulatory guidance will be followed during construction. Seismic retrofitting of Buildings 141 and 150 will cause minor negative impact to site cultural resources. Consultation with the Montana SHPO is required prior to the start of seismic retrofitting, renovation, or construction activities.
Economic Activity	Yes	The project construction phase will have a short-term beneficial impact by providing additional jobs and purchase of goods in the area. The addition of medical staff associated with the increase in Acute Inpatient Care facility residents will create a long-term increase in the number of jobs at the facility. Potential negative impacts to local economic activity are considered negligible.

Table 1. Assessed environmental resources

Resource	Dismissed?	Rationale
Environmental Justice	Yes	Medical Center residents and staff comprise a broad range of economic and ethnic groups. The Medical Center is bordered to the east by the City of Helena, Montana, which has a median household income of approximately \$56,029, higher than Montana State median household income (\$50,029) (2016). Neighborhoods in west and south Helena generally have high household median incomes (\$65,000-\$80,000+) while neighborhoods in central and east Helena have lower household median incomes (\$22,000-\$51,000) (City-Data 2018). Given the localized nature of the proposed project, low-income or minority populations will not be disproportionately impacted by this project, and therefore a negligible impact on environmental justice.
Floodplains, Wetlands, Coastal Zones, Etc.	Yes	The Medical Center is outside of the FEMA-designated 100-year and 500-year floodplains, and is not regulated under Executive Order 11988—Floodplain Management. No wetlands occur on the project site. The project site is outside of a Coastal Zone Management Area (CZMA). The project will have negligible effect to floodplains or related resources.
Geology and Soils	Yes	An active fault zone (Bald Butte Fault) underlies or is adjacent to VAMC Fort Harrison, and an additional complex of fault zones underlie the City of Helena and surrounding area (USGS 1986). The potential for strong ground motion is significant. Groundwater was not encountered during the VAMC Fort Harrison geotechnical investigation (Pioneer 2004). Since the proposed new Acute Inpatient Care building is designed to meet VA seismic design requirements, the project will help mitigate local geologic hazards and enhance the long-term safety of residents and staff at the Medical Center. Potential negative impacts to local geology and soils resources are negligible.
Hydrology and Water Quality	No	During construction and demolition phases, runoff from the project site could contribute silt and pollutants to the storm drain system. This temporary, short-term impact will be prevented by application of construction Best Management Practices (BMPs) and careful monitoring of the construction contractors. The proposed project will incur long-term benefits to water quality through improved stormwater management and stormwater design, water efficient landscaping, and water use. The overall potential negative effect of this action to water resources is considered minor and mitigable.
Land Use	Yes	The Medical Center is bordered on the north and east by the Fort Harrison military base, on the east by undeveloped land, and on the south by a veterans' cemetery. This proposed construction of a new Acute Inpatient Care building will be consistent with current institutional land use. The new buildings and ground improvements will have a long-term beneficial impact on utilities, traffic circulation, and parking at the facility. The new construction will have a negligible impact on local land use.
Noise	No	This project will cause a temporary, short-term increase in noise during the construction/demolition phases that may have an adverse impact on medical center residents and workers, and adjacent residential areas. As this is a medical facility, additional noise control measures may be required during construction. The new buildings will incorporate noise reduction features that will have a long-term benefit to occupants. The project will have temporary, minor impact on this resource.
Potential for Generating Substantial Controversy	Yes	There are no known or anticipated issues likely to generate substantial issues among Medical Center stakeholders, regulatory agencies, or the public. The likely negative impact of the project on these resources is negligible.
Solid/Hazardous Waste	No	During demolition and construction phase, various hazardous wastes and other debris will be generated. The potential short-term, temporary adverse impact will be minor and will be avoided and mitigated through close adherence to federal,

Table 1. Assessed environmental resources

Resource	Dismissed?	Rationale
		state, and local regulations, and incorporated into construction contracts. VA sustainable design features are incorporated in the new building construction and operation, increasing the amount of recycled and bio-based content, and increasing the salvage and recycling of building materials and demolition debris. The project will therefore have a beneficial effect on long-term solid/hazardous waste management at the Medical Center.
Transportation and Parking	No	During demolition and construction there will be a temporary, short-term alteration in facility access roads and reduction in parking. These minor adverse impacts will be mitigated by implementation of a traffic management plan that will include off-site parking and shuttle services during construction. The completed project will create improved traffic and parking conditions creating a long-term benefit in this category. The Alternative Action includes a parking structure that would have a positive, long-term benefit in this category.
Utilities	Yes	Upon initiation of the design phase, the proposed new Acute Inpatient Care building will be designed to meet VA sustainable design criteria that require increased efficiency in heat generation, air conditioning, lighting, and water systems over existing facilities. Though there will be a net increase in resident population, the more efficient utilities will reduce energy and water consumption, and result in a long-term benefit to the Medical Center. The potential negative impact of this project on utilities is considered negligible.
Vegetation and Wildlife	Yes	The Medical Center is a fully developed facility where native habitats have been replaced by urban landscaping. Habitat maps of Fort Harrison campus show no sensitive wildlife habitat adjacent to the VAMC. The U.S. Fish and Wildlife Service (USFWS) does not require endangered species assessment for this built-up facility as there will be no effect on listed species. The potential negative impact to vegetation and wildlife resources is considered negligible.
Federal Environmental Regulations	No	The VA will comply with all applicable environmental regulations regarding this project from design, through construction, and operational phases. Contract provisions will call for regulatory compliance during construction/demolition. The VAMC will use its Green Environmental Management System (GEMS) program to ensure regulatory compliance during operation. The potential negative impact of this project on federal environmental regulations is considered negligible.
Cumulative Effects	No	Past projects at VAMC Fort Harrison include construction of an E85 fueling station and renovations to eleven buildings and construction of two buildings for use as veteran housing. Any possible future projects (i.e., mental health facility, outpatient care facility) in combination with the past and current proposed action may have a minor cumulative effect on the local area. Any future construction activity would likely be similar to consequences identified in this EA, however, consequences would likely contribute to negligible to minor short-term negative impacts provided appropriate control measures and considerations are implemented.

3.2 Air Quality

The U.S. Environmental Protection Agency (EPA) sets National Ambient Air Quality Standards (NAAQS) for air pollutants as required under the Clean Air Act (CAA). The EPA requires each state government to adopt a State Implementation Plan (SIP) that prescribes control strategies to reduce air pollution. The six pollutants designated by the EPA as criteria contaminants that require special measures to limit their presence in the air are: sulfur dioxide, nitrogen dioxide, ozone, carbon monoxide, lead, and particulate matter (fine particles less than 2.5 microns in size and coarser particles up to 10 microns in size).

3.2.1 Existing Conditions

The nearest nonattainment area in Lewis and Clark County is the East Helena Lead Nonattainment Area (DEQ 2018a), which is 10 miles east, and downwind, of the Project area.

3.2.2 Proposed Action Alternative

New construction and existing facility renovation may cause temporary, minor negative impacts to local air quality. Soil disturbance during new construction at the Project site could temporarily generate fugitive dust, but standard mitigation measures could be implemented to reduce dust, such as regular application of water to exposed soils. There is potential for asbestos to be released into the atmosphere during renovation; however, an approved asbestos abatement and encapsulation plan would be implemented by the building contractor to prevent friable particles from being released. Appropriate VA, EPA, Occupational Safety and Health Administration (OSHA), and other regulatory guidance would be followed during construction. No significant impacts to existing air quality are anticipated as the result of construction, renovation, or operation of the Project.

3.2.3 No Action Alternative

Under the No-Action Alternative, existing air quality conditions would not be affected.

3.3 Cultural Resources

The Army established Fort Harrison in 1892; the campus was turned over to the U.S. Public Health Service for use as a hospital in 1921. Expansion of the administration and building heating systems was initiated in 1932; however, an earthquake struck Helena in 1935, severely damaging or destroying ten buildings. Among the casualties, the campus building heating system was destroyed and rendered inoperable, thus necessitating closure of the campus. Repairs were completed and the campus was reopened in 1937. The campus was utilized for training and medical services by service members and veterans in World War II. Campus facilities were split between the VA and the Army between 1924 to 1944. As the war waned and injured service members returned home, the VA took over Army facilities to meet increased demand for veteran healthcare services. In 1961, the hospital building was constructed. By 1980, VAMC Fort Harrison was determined eligible for listing in the National Register of Historic Places (NRHP). The VAMC Fort Harrison campus became listed as a Historic District in the NRHP in 2016 (NPS, 2016). Of the 39 total buildings, sites, structures, and objects identified in the nomination documentation, 29 contributing features and 10 non-contributing features are within the Historic District (NPS, 2016). See Figure D for a map of the Historic District and locations of contributing and non-contributing features. Contributing features within the scope of this EA include the Parade Ground and Building 141 (VA 2017a). Buildings 154, 150, and 154A do not contribute to the NRHP.



Figure E. Contributing Resources to VAMC Fort Harrison Historic District (NPS, 2016)

Section 106 of the National Historic Preservation Act (54 USC 306108) and implementing regulations contained in 36 CFR Part 800 outline responsibilities of federal agencies when considering an undertaking. Section 106 requires federal agencies to take into account the effect of its proposed action on historic properties and allow the Advisory Council on Historic Preservation (ACHP) and other external stakeholders the opportunity to comment. A Historic Preservation Plan for VAMC Fort Harrison was developed in 2017 and provides guidance concerning how adverse effects to historic properties are assessed with respect to a proposed action, steps to resolve adverse effects, how to involve the Public, and other items (VA 2017a).

3.3.1 Existing Condition

Parade Ground

The historic Parade Ground originally constructed in 1895 is currently used as a greenspace. The overall integrity of the Parade Ground is cited as fair (NPS 2016). The ground are approximately 12 acres and changes to the geometry of the area changed in 2013 with the construction of a mental health unit. Grounds feature a granite curb delineating manicured grass, and cottonwood, mountain ash, and pine trees originally planted by soldiers of the 24th Infantry Regiment in 1903.

Archaeologically sensitive zones have been identified within the Parade Ground and likely contain a high potential for containing deposits related to the construction, federal and state military use, and subsequent VA use of the campus (VA 2017a).



Photo of Parade Grounds (VA 2017a)

Building 141

The historic Hospital Building originally constructed in 1932 is currently used for administration. The overall integrity of the building is not cited as deficient; however, historic repairs have been completed in 1936 in the wake historic area earthquakes. Windows were replaced and the building interior remodeled to meet use for administration in the 1960s. Additionally, the doorway to the building was modified within the last 20 years (NPS 2016). The building is currently used for administration purposes.

Archaeologically sensitive zones have been identified around Building 141 and likely contain a high potential for containing deposits related to the construction, federal and state military use, and subsequent VA use of the campus (VA 2017a).



Photo of Building 141 (VA 2017a)

Building 150

Building 150 was originally constructed in 1936 and significant modifications were completed in 1989. The building is currently identified as the Dietetics Building. The building is not a contributing feature to the NRHP. See Appendix B for photos of the building.

No Archaeologically sensitive zones have been identified in associated with Building 150 (VA 2017a).

Building 154 and 154A

Building 154 and 154A was initially constructed in 1963 and significant modifications were completed for Building 154 in 1976 and Building 154A in 1996. The building is currently identified as the Hospital Building. The building is not a contributing feature to the NRHP. See Appendix B for photos of the building.

No Archaeologically sensitive zones have been identified in associated with Buildings 154 and 154A (VA 2017a).

3.3.2 Proposed Action Alternative

Construction, renovation, and operation of the Proposed Action will exert limited impacts to campus cultural resources or historic properties. Construction of the new Acute Inpatient Care building and

parking structure will take place on previously disturbed ground and no buildings or structures of historic significance will be directly impacted.

Completing seismic retrofitting of Building 141 is structural in nature and includes bracing interior mechanical and electrical systems as well as interior improvements to structural and non-structural components (Layton 2017). See Appendix B for additional photos of the building. Impacts to the exterior building facade are not planned.

Required Section 106 consultation with Montana SHPO will be conducted prior to the start of seismic retrofitting, renovation, or construction activities in the project design phase. Guidance on this phase of the project is summarized in a Historic Preservation Solutions Preliminary Cultural Resources Study (Row 10 2018).

3.3.3 No-Action Alternative

Under the No-Action Alternative, no adverse effects to cultural resources and/or historic properties would occur.

3.4 Hydrology and Water Quality

Section 402(p) of the federal Clean Water Act (CWA), as amended, requires National Pollutant Discharge Elimination System (NPDES) permits for storm water discharges to waters of the United States. The USEPA promulgated 40 CFR Part 122.26 which establishes requirements for storm water discharges under the NPDES program.

3.4.1 Existing Conditions

Groundwater in the Helena area occurs in bedrock aquifers along the margins of the Helena Valley, and in the Helena Valley Alluvial aquifer within the valley (Briar and Madison, 1992). Regional groundwater generally flows southeast and east with the topographic gradient. Based on a review of Montana Bureau of Mines and Geology Groundwater Information Center for well logs listed at VAMC Fort Harrison, average groundwater level is 45 feet below ground surface.

The Project is situated in an upland location between the Sevenmile Creek and Tenmile Creek drainages at an elevation of approximately 4,008 feet above sea level (asl). Site surface water runoff is ultimately received by Tenmile Creek and flows to Lake Helena (3,650 feet asl), located approximately 8.5 miles northeast.

3.4.2 Proposed Action Alternative

Construction, renovation, and operation of the Proposed Action would occur on a previously disturbed and partially developed site occupied by buildings, landscaped areas, and parking areas. New construction and renovation within the proposed Project area would result in a maximum of approximately 0.5 acres of soil disturbance, including the new buildings (approximately 0.12 acres), parking areas (approximately 0.25 acres) and sidewalks (approximately 0.10 acres). Permanent water and sewer lines and storm water drainage would connect to the existing systems on the Fort Harrison VAMC campus. No groundwater pumping or discharge would be anticipated during construction, renovation, or operation phases. Where renovation of existing buildings is proposed, the existing landscape would be left undisturbed. Upon completion of construction, disturbed areas would be landscaped and seeded or sodded to match the remainder of the site.

Following initial soil disturbance associated with site grading or other construction activities, runoff from the Project could contribute silt and pollutants to the storm drain system. However, the potential for temporary, short-term impacts would be minimized by application of construction BMPs as specified in the Project Storm Water Pollution Prevention Plan (SWPPP) that would be developed prior to construction, as necessary. The construction and operation of the Proposed Action are not anticipated to have a significant adverse effect on hydrologic resources or water quality.

3.4.3 No-Action Alternative

Under the No-Action Alternative, no construction or development by the VA would occur and therefore, no impacts to hydrology or water quality would occur.

3.5 Noise

Noise is defined as unwanted sound that interferes with normal activities, reducing the quality of the natural environment. Noise is measured in decibels (dB). Noise thresholds, as designated by the OSHA in 29 CFR Part 1910.95 and 1926.52, are 90 dB per an eight-hour day. Exposure to impact noise should not exceed 140 dB.

3.5.1 Existing Conditions

The Project area is representative of a commercial environment with existing noise levels along the roads ranging from 35 to 45 dB. Normal vehicular noise emitters from traffic through the Fort Harrison VAMC complex increases to between 55 to 65 dB during hours when Fort Harrison VAMC staff change shifts and vehicle traffic temporarily increases. Fort Harrison VAMC provides hospital care and medical services to veterans. Maintaining a serene environment for patients is important. The Fort Harrison VAMC could be considered as a noise sensitive receptor. Noise sensitive receptors are defined as areas where the occupants are more susceptible to the adverse effects of noise exposure. They usually occur within 1,000 feet of the noise source. In addition to the Fort Harrison VAMC, noise sources in the area are predominantly natural (e.g. wind), with occasional incremental noise sources such as aircraft, road traffic, military training exercises from the adjacent Fort Harrison Training Area (FHTA) (e.g. military helicopters, pistol and machine gun ranges), and the operation of associated hospital building equipment (e.g. heating, ventilation, and air conditioning).

3.5.2 Proposed Action Alternative

A key design criterion for the Proposed Action Alternative is the control of interior and exterior noise to enhance the healing environment. The acoustic features of the new buildings will create a long-term benefit to the residents and workers at the facility. Because there will only be a small percentage change in the Medical Center residents and workforce, no long-term increase in traffic-related noise is anticipated on the interior road network or parking areas.

Demolition, excavation, and construction activities will create a temporary, short-term increase in noise within the vicinity of the project. Ambient noise levels associated with construction activities at the site will be minimized by application of the mitigation measures highlighted in Section 5, including the VA CFM standard Temporary Environmental Controls specifications (MF04 Section 01 57 19), which limit the maximum permissible noise levels to 75 dB(A) at 50 feet from most earthmoving or material handling equipment (VA 2010b). The construction contract specifications will also limit the hours of operation for construction. The project would have a temporary, minor impact on local sound resources.

The operation of the Proposed Action is not expected to generate noise above the existing noise levels within the Project area. The daytime duration of noise may increase due to increased use of the area and the residents driving vehicles in and out of the area. Therefore, it is not anticipated that noise would have a substantial adverse effect on the surrounding natural and manmade environments.

3.5.3 No-Action Alternative

Under the No-Action Alternative, the Project as described for the Proposed Action would not be constructed. Therefore, noise emissions would not be increased with the No-Action Alternative.

3.6 Solid and Hazardous Waste

An Asbestos-Containing Material (ACM) is any material that contains more than 1% asbestos. Asbestos and ACM are considered “air toxics” and are regulated by the EPA under the CAA to protect the public from exposure to airborne contaminants. The National Emission Standards for Hazardous Air Pollutants (NESHAP) are the limits placed on toxic airborne pollutants and the standards used for compliance monitoring. Regulated entities under NESHAP include construction, wrecking, and demolition contractors. Additionally, the Occupational Safety and Health Administration (OSHA) protects workers in various industries from the hazards of asbestos exposure, and has set the permissible exposure limit (PEL) for asbestos at 0.1 fiber per cubic centimeter (f/cc) of air over an 8-hour work day for construction workers. Montana established the Asbestos Control Program (ACP) in 1989 to prevent unnecessary public exposure to asbestos. The ACP has been delegated by the EPA to administer NESHAP regulations, govern building renovations and demolitions, asbestos disposal, and other asbestos related activities (DEQ 2017b).

Lead is also an EPA regulated pollutant and hazardous material. Its presence in paint, dust, or soil falls under the Toxic Substances Control Act and the Residential Lead-Based Paint Hazard Reduction Act of 1992, and is subject to the Renovation, Repair, and Painting Rule.

The Resource Conservation and Recovery Act (RCRA), enacted in 1976 and administered by the EPA, serves as the basis for hazardous and non-hazardous waste management in the U.S. The DEQ has adopted the RCRA hazardous waste regulations promulgated by the EPA and maintains a database containing statewide locations of facilities or entities that are registered as Hazardous Waste Handler (HWH) in the state of Montana (DEQ 2018c). The Fort Harrison VAMC is a RCRA HWH, generating greater than 100 kilograms per month of hazardous waste or 1 kilogram or greater per month of acutely hazardous waste, and solid waste producer (garbage/refuse), and is classified as a Large Quantity Generator. Hazardous material storage, use, and hazardous waste material management, storage, and disposal commonly associated with hospital facilities are handled by the Fort Harrison VAMC hospital and adjacent medical facilities. This scenario would remain the same regardless of if the Project is approved.

3.6.1 Existing Conditions

Hazardous material surveys for asbestos and lead were completed for select Project buildings proposed for renovation. An Asbestos Containing Material (ACM) survey of the Building 141 identified mastic and mortar ACM (Ingraham 2013). Additionally, a limited lead-based paint (LBP) inspection was completed for Building 141 and Building 154 and identified LBP in door frames, window frames, and exterior structures and features (United 2007). Additional hazardous building materials may be found in surveyed areas and other Project buildings not included in the surveys.

It is not likely the Project will require the storage or transfer of other hazardous materials (i.e., fuel, oil, antifreeze, etc.). However, small quantities of hazardous materials may be required to maintain equipment over the course of project construction. If such materials are required to be used, proper use, storage, and disposal restriction, laws, and best management practices will be adhered to. Pending completion of the Project and normal medical center activities resume, hazardous wastes commonly associated with the operation and maintenance of hospital facilities are not likely to increase from current levels.

3.6.2 Proposed Action Alternative

Impacts from ACM renovation activities may result in short-term, minimal impacts from asbestos or ACM. Project renovation qualifies as an “asbestos project” under DEQ ACP regulations and as such, an asbestos project permit application would be filed with the DEQ prior to construction (DEQ 2018b). Areas that would be impacted by demolition or new penetrations would be thoroughly tested prior to construction. An abatement and encapsulation plan would be prepared by the general contractor prior to initiating the Project, which would outline the hazardous material handling plan, segregation of demolition materials, proper disposal, and other required safe work practices.

Similarly, impacts from LBP resulting from construction of the Proposed Action are expected to be minimal. It is assumed that every painted surface in the Project area contains LBP. Rather than increase the risk of exposure, or the potential for airborne release, all painted surfaces in the structures would be encapsulated in place with new non-lead based paint. Pre-construction cleaning and surface preparation would follow safe work practices for lead, including creating a contained work area and minimizing dust. All construction and renovation contractors would be certified lead-safe per EPA and DEQ Renovation, Repair, and Painting rule requirements and would adhere to OSHA requirements in construction standards.

Implementation of the Proposed Action Alternative in accordance with current VA sustainability goals will substantially reduce the amount of operational waste generated by the new Acute Inpatient Care building of the Medical Center and increase the amount of material recycling. No additional operational waste is thought to be generated through the operation of the new parking structure. However, there will be a temporary, short-term increase in the amount of solid waste and hazardous waste produced by construction of the new building and parking structure. Removal of existing structures, utilities, and asphalt parking surfaces would create additional solid waste. The use of VA sustainability guidelines in the building design will reduce the amount of waste material produced. The adverse impacts of any necessary waste production will be avoided, minimized, or mitigated by application of the VA CFM construction specifications, including Temporary Environmental Controls (01 57 19), and Construction Waste Management (Section 01 74 19), as well as other mitigation measures highlighted in Section 5. The construction contractor will also comply with Helena Municipal Code regarding the Collection, Transportation and Disposal of Refuse and Solid Waste. The project will therefore have a net beneficial effect on long-term solid/hazardous waste management at the Medical Center.

3.6.3 No-Action Alternative

Under the No-Action Alternative, the VA Medical Center would continue its current operations and would generate the same types and quantities of hazardous and non-hazardous wastes. Wastes would continue to be collected and transported for off-site disposal or recycling in accordance with federal, state, and local regulations. No changes in existing waste streams or adverse effects would occur.

3.7 Transportation and Parking

Transportation and parking are important aspects of the safe and efficient operation of the Medical Center. Ingress and egress to the public road system, and within the internal road and parking network, affect emergency response, security, facility maintenance, and the movement of patients, residents, staff, and visitors within the campus. Traffic is a potential source of noise and air pollution at the Medical Center.

3.7.1 Existing Conditions

The Fort Harrison VAMC is located approximately 1.5 miles north of the intersection of Williams Street and U.S. Highway 12 (Euclid Avenue) on the west side of Helena, Montana. The Fort Harrison VAMC campus includes a network of paved streets connecting to a main entry point at Williams Street to the east of the hospital. Several existing patient, staff, and visitor parking areas are available immediately east and south of the hospital and other medical facilities. A total of 909 parking spaces are currently available to VAMC staff and visitors (Spack 2018). The proposed new Acute Inpatient Care building is located adjacent to the main Hospital campus building and northwest of the primary travel route between the campus entrance and the hospital.

3.7.2 Proposed Action Alternative

Construction and renovation of the Project would result in a temporary, short-term influx of contractor vehicles and traffic to the hospital campus during daily work hours.

The new parking structure would provide a long-term benefit to VAMC Fort Harrison by adding approximately 480 parking spaces.

Disruptions to parking space utilization would be minimized through phased development. Construction of the new parking structure within the existing north parking lot footprint would temporarily displace approximately 213 parking spaces; however, once complete, the new parking structure would compensate loss and generate a surplus of 267 parking spaces. Surplus parking spaces would be used to mitigate 97 displaced parking space resulting from construction of the new Acute Inpatient Care building. Upon completion, the Proposed Action would result in net gain of 170 parking spaces.

If other projects on VAMC Fort Harrison are constructed at the same time the contractors must coordinate with respect to construction timing and staging (see Section 3.9, Cumulative Impacts, for additional details).

3.7.3 No-Action Alternative

Under the No-Action Alternative, the Proposed Action would not be constructed and existing traffic and parking lot use levels would not be affected.

3.8 Federal Environmental Regulations

The VA NEPA Interim Guidance for Projects (VA 2010a) provides guidance on compliance with key environmental requirements and pertinent legal authorities under NEPA. Table 5 lists these key legal authorities and the project's compliance status. The project is anticipated to comply with all applicable legal requirements.

Table 2 Project compliance with federal legal authorities

Compliance	Legal Authority
CA	Executive Order 12898 – Environmental Justice
CA	Executive Order 13423 –Strengthening Federal Environmental, Energy, and Transportation Management
CA	Executive Order 13514 – Federal Leadership in Environmental, Energy, and Economic Performance
NA	Executive Order 11988 – Floodplain Management
NA	Executive Order 11990 –Protection of Wetlands
CA	National Environmental Policy Act (NEPA)
CA	National Historic Preservation Act (NHPA)
CA	Clean Air Act (CAA)
CA	Safe Drinking Water Act (SDWA)
CA	Clean Water Act (CWA)
NA	Coastal Zone Management Act (CZMA)
CA	Energy Independence and Security Act of 2007 (EISA)
CA	Endangered Species Act (ESA)
CA	Executive Order 13175 –Indian Tribes
NA	Farmland Protection Policy Act (FPPA)
CA	Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) (past actions)
CA	Resource Conservation and Recovery Act (RCRA) (ongoing operations)
CA	Emergency Planning and Right to Know Act (EPCRA)
NA	Marine Mammal Protection Act (MMPA)
CA	Migratory Bird Treaty Act (MBTA)
CA	Native American Graves Protection and Repatriation Act (NAGPRA)
CA	Noise Control Act (NCA)
CA	Oil Pollution Act (OPA)
CA	Spill Prevention, Control and Countermeasure Plans (SPCC)
CA	Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA)
CA	Federal Environmental Pesticide Act (FEPCA)
NA	Food Quality Protection Act (FQPA)
NA	Federal Food, Drug and Cosmetic Act (FFDCA)
CA	Safe Drinking Water Act (SDWA)
CA	Toxic Substances Control Act (TSCA)
NA	Wild and Scenic Rivers Act

FI - Requires Further Investigation

MR - Mitigation Required, Non-Compliance Anticipated

CA - Compliance Anticipated

NA - Not Applicable

3.9 Cumulative Impact

The Council on Environmental Quality defines a cumulative impact as that *“impact on the environment which results from the incremental impact of the action when added to other past, present, and reasonably foreseeable future actions, regardless of what agency (federal or non-federal) or person undertakes such other actions. Cumulative impacts can result from individually minor but collectively significant actions taking place over a period of time”* (40 CFR 1508.7). In accordance with NEPA and to the extent reasonable and practical, this EA considered the combined effect of the proposed action and other actions occurring or proposed in the project area. In assessing cumulative effects to the environment, this EA considers key factors such as the incremental effects on natural resources, effects on traffic and parking, and any growth-inducing effects of the proposed action. The analysis also considers changes to the area resulting from cumulative effects from projects planned in proximity to the Medical Center campus.

For the purposes of this EA, cumulative impacts are defined as effects related to reasonably foreseeable future activities at the Fort Harrison VAMC campus. While future activities related to the development of the City of Helena, Lewis and Clark County, and the Fort Harrison training facility are likely, there are no known projects in proximity to the Fort Harrison VAMC campus that would pose any environmental impacts in combination with the Proposed Action.

Implementation of the Proposed Action would be expected to reduce the risk of interrupting mission-critical VA medical services due to potential medical facility damages sustained resulting from an earthquake. As discussed in previous sections, the Proposed Action would result in incremental increases in demand for certain physical services at the Fort Harrison VAMC, but none of these increases would be expected to surpass the existing capacities of the facility. There would continue to be capital improvements to the Fort Harrison VAMC campus regardless of whether the Proposed Action is approved.

The proposed project will have no significant impacts to Aesthetics; Economic Activity; Environmental Justice; Floodplains, Wetlands, and Coastal Zones; Geology and Soils; Land Use; Potential for Generating Substantial Controversy; Utilities; and Vegetation and Wildlife. These resource categories have been eliminated from the cumulative impact discussion because they were previously identified to have no effects from the Proposed Action and therefore do not have potential to contribute to effect cumulative impacts to VAMC Fort Harrison. The following resource categories have been evaluated with respect to the potential for cumulative impacts.

Air Quality

Project impacts to air quality are limited to temporary construction impacts, and to the extent possible, will be mitigated through implementation of BMPs. Because potential impacts to air quality (i.e., construction and demolition dust, vehicle exhaust, etc.) are short-term and temporary in nature, any additional air quality impacts from reasonably foreseeable actions are anticipated temporary and therefore not contribute to cumulative impacts.

Hydrology and Water Quality

No impacts to waters of the United States, other waters, or floodplains have been proposed in this EA. The nearest waterbody to VAMC Fort Harrison is an unnamed tributary to Sevenmile Creek. Reasonably foreseeable potential impacts to hydrology and water quality would be mitigated through implementation of erosion control BMPs. Potential impacts to an unnamed tributary to Sevenmile Creek by the Proposed Action and other reasonably foreseeable actions are considered insignificant.

Noise

Project impacts to local noise levels are limited to temporary construction activities, and impacts are mitigated due to the Preferred Action Alternative. Any additional impacts to noise levels by reasonably foreseeable activities would likely be temporary and therefore not contribute to cumulative impacts.

Solid and Hazardous Waste

Release of hazardous materials could affect public health and the environment. Implementation of good construction site housekeeping practices, adherence to federal and state and local laws, and implementing proper controls when handling/disposing hazardous materials significantly limits risk to public health and environment. In the event of a release, cleanup actions would be prompt. Because of

this, any additional impact due to solid and hazardous waste mismanagement from reasonably foreseeable activities would not contribute to Preferred Action Alternative cumulative impacts.

Transportation and Parking

The Preferred Action Alternative accounts for anticipated needs and does not reduce available parking. Upon project completion, additional medical center capacity may increase the quality of service and thus increase the number of patients and visitors to VAMC Fort Harrison. However, increased utilization of the medical facility will not significantly increase adjacent interstates, roads, or streets (Spack 2018). Any additional impacts to transportation and parking by reasonably foreseeable activities would likely be analyzed as part of subsequent analysis and therefore not contribute to cumulative impacts.

4.0 PUBLIC INVOLVEMENT

4.1 Agency Coordination

As part of the NEPA Process (42 USC 4331 Section 102), several public agencies were consulted to provide preliminary input on potential environmental effects on resources under their jurisdiction within the Proposed Action area, and provide any relevant information. Below is a list of agencies contacted as part of this SEA. In addition, a sample of the scoping letter, the contact information and the responses from the agencies are presented in Appendix B.

Federal Agencies

- U.S. Army Corps of Engineers—Omaha District
- U.S. Department of the Interior—Bureau of Reclamation Great Plains Region
- U.S. Department of Agriculture—Montana Field Office
- U.S. Fish and Wildlife Service

State Agencies

- Montana Office of Historic Preservation
- Montana Department of Environmental Quality
- Montana Department of Administration—General Services Division
- Montana Department of Fish and Wildlife and Parks
- Montana National Guard—Fort William Henry Harrison
- Montana Department of Military Affairs—Veteran's Affairs Division
- Montana Department of Natural Resources and Conservation—Director's Office
- Montana Department of Transportation
- Montana Department of Public Health and Human Services
- Montana Public Service Commission

Local Agencies

- City of Helena—Planning Division
- Lewis and Clark County—Community Development and Planning Department
- Lewis and Clark County History Center

4.2 Native American and Section 106 NHPA Consultation

In accordance to Section 106 of NHPA, EO 13175 and the Native American Graves Protection and Repatriation Act, VA sent letters during the EA process asking for input to Federally recognized tribes in the region that may attach religious or cultural significance to the property affected by the Proposed Action. Nine Native American Tribes with possible ancestral ties to the Proposed Action's project area were contacted based on review of the Native American Consultation Database from the United States Department of Interior National Parks Service. A letter was sent to each of the Tribes and no responses were received. Tribal organizations consulted include:

- Blackfeet Tribal Business Council

- Chippewa Cree Business Committee
- Crow Tribal Executive Council
- Confederated Salish and Kootenai Tribal Council
- Fort Belknap Indian Community Council
- Fort Peck Tribal Executive Board
- Little Shell Tribal Council
- Northern Cheyenne Tribal Council
- Blackfeet Tribal Business Council,

4.3 Public Involvement

VA published and distributed the draft EA for a 30-day public comment period, which started with the publication of a Notice of Availability (NOA) in local newspapers on June 15, 2018 and letters mailed to project stakeholders. Printed copies of the draft EA were available at the Fort Harrison VAMC and the Lewis & Clark Library-Helena from June 15 through July 15, 2018. An electronic copy of draft EA was available through the Montana VA Health Care System website at <https://www.montana.va.gov/>

VAMC Fort Harrison received one comment from the U.S. Army Corps of Engineers (see Appendix C). No other comments were received during the 30-day public comment period. The conclusion of the public comment period did not prompt additional evaluation of the proposed action.

VA will publish and distribute the Final EA, which will be announced through the publication of a NOA in the local newspaper and letters mailed to project stakeholders. An electronic copy of the Final EA will be made available through the Montana VA Health Care System website at <https://www.montana.va.gov/>

5.0 MITIGATION MEASURES

Mitigation measures are those actions that avoid, minimize, rectify, reduce, or compensate for the adverse effect of an impact to the environment (40 CFR 1508.20). State and federal agency control measures and regulations will be implemented during the construction and operation of this Project to address negative environmental impacts. Table 3-1 presents a summary of the impacts and mitigation measures for resources involved in the Project.

Table 3. Mitigation Measures

Resource	Proposed Action Impacts	Proposed Action Mitigation
Air Quality	<p>Temporary, minor negative impacts to air quality may occur from construction activities such as fugitive dust or renovation of ACM.</p> <p>A significant effect is not anticipated for this impact.</p>	<p>Appropriate dust control measures and the implementation of relevant USEPA and OSHA safe work practices would limit impacts during construction. Dust would be controlled via watering the site or applying soil stabilizers.</p>
Hydrology and Water Quality	<p>Construction and renovation would occur on a previously disturbed and partially developed site. The Project would disturb approximately 0.72 acres of soil. Where renovation is proposed, existing landscape would be left undisturbed. Minor impacts due to project activities are considered mitigatable.</p> <p>A significant effect is not anticipated for this impact.</p>	<p>Prior to construction, a Storm Water Pollution Prevention Plan (SWPPP) will be implemented employing Best Management Practices designed to protect adjacent areas and the municipal storm sewer system from unauthorized discharges of pollutants. BMPs may include operational controls, sediment barriers, spill kits, drip pans, and revegetation. BMPs will be inspected regularly and maintained per requirements of MDEQ's General Permit for Construction.</p>
Noise	<p>Minor noise levels would temporarily increase during construction. Construction noise would be limited to daylight hours and to typical construction equipment. Blasting or pile driving is unlikely to occur. Should such construction methods be required, alternative, less noisy methods may be used. Any increase in noise could temporarily deter use of the site by area wildlife.</p> <p>A significant effect is not anticipated for this impact.</p>	<p>Construction workers would be required to adhere to the PEL of 90 dB per 8-hour work day.</p> <p>Should pile driving be required, less noisy construction methods may be used (e.g., drilled shafts, micropiles).</p>
Solid and Hazardous Waste	<p>Potential temporary and minor effects from lead-based paint and</p>	<p>All contractors would be lead-safe trained and certified. Lead-based paint would be encapsulated with non-lead paint.</p>

Table 3. Mitigation Measures

Resource	Proposed Action Impacts	Proposed Action Mitigation
	<p>ACM are possible during renovation of the existing buildings.</p> <p>A significant effect is not anticipated for this impact.</p>	<p>Thorough testing for ACM would occur prior to renovation. Disturbance to ACM would be limited to the few areas where building modification is necessary. An ACM abatement and encapsulation plan would be prepared prior to renovation and the Project would apply for an asbestos permit from the DEQ.</p>
Transportation and Parking	<p>Construction and renovation of the Project would result in a minor, temporary influx of contractor vehicles and traffic to the hospital campus during daily work hours. Temporary road closures would occur during new utility hookups. There would be no permanent road changes or rerouting on Project completion.</p> <p>A significant effect is not anticipated for this impact.</p>	<p>The Project would develop a Traffic and Parking Plan to be implemented during renovation and construction activities on the Fort Harrison VAMC campus. The plan would identify contractor parking locations, re-route traffic around affected areas, and present alternatives for staff and visitors. Construction-related truck traffic shall be scheduled to avoid peak travel time on the adjacent thoroughfares, as feasible. The construction contractor shall provide a copy of the Traffic Control Plan to the local traffic authority for review prior to construction. If pedestrian or bicycle routes on the Fort Harrison VAMC campus are temporarily blocked, then alternate routes around construction areas would be provided to the extent feasible. These alternate routes would be posted on campus during the duration of construction.</p>

6.0 CONCLUSIONS

The proposed construction of the new Acute Inpatient Care building, the new parking structure, and seismic and select renovations to Buildings 141, 150, 154, 154A, and connecting corridor are not expected to result in significant adverse impacts to the human environment. The construction of new facilities and enhancements of indoor environmental quality, plus the creation of a more favorable healing environment for veterans receiving medical services will have a long-term beneficial effect on the patients, visitors, and staff in the new and renovated facilities.

The main impact of the project will be the short-term and temporary adverse effects caused by the construction and demolition activities. The potential adverse impacts to air quality, water quality, noise, solid and hazardous waste, and transportation and parking will be largely avoided or minimized by strict adherence to VA construction standards for temporary controls, demolition, and waste management, and by application of standard construction best management practices (as listed in Section 5).

This EA concludes that a Finding of No Significant Impact (FONSI) is appropriate, and an Environmental Impact Statement (EIS) is not warranted.

7.0 LIST OF PREPARERS

Table 4 below presents a list of individuals who contributed to the preparation of this EA.

Table 4. List of Preparers

Name	Company	Title	Responsibilities
Benjamin Hodapp	Anderson Engineering	Environmental Lead	Project Manager Document Preparation
Tina Justen	Anderson Engineering	Environmental Associate	Document Preparation
Alex Yellick	Anderson Engineering	Environmental Associate	Document Preparation
Jean Ramer	Terracon	Project Manager-Environmental	Document Preparation Quality Review
Lindsay Hannah	Row 10 Historic Preservation Solutions, LLC.	Architectural Historian	Historical Analysis
Chandrashekhar Joshi	VA Office of Construction and Facilities Management	COR/NCA Project Manager	Document Preparation Technical Review
Glenn Wittman	VA Office of Construction and Facilities Management	Regional Environmental Engineer	Document Preparation Technical Review
James Symanski	VA Office of Construction and Facilities Management	Sr. Civil Engineer	Document Preparation Technical Review
Hector Abreu	VA Office of Construction and Facilities Management	Sr. Historic Preservation Specialist	Document Preparation Technical Review
Kailen Collette	VAMC Fort Harrison	Chief Engineer	Document Preparation Technical Review
Roy Steiner	VAMC Fort Harrison	Facility Engineer	Document Preparation Technical Review
Leslie Holz	VAMC Fort Harrison	Environmental Coordinator	Document Preparation Technical Review
Teresa Bell	VAMC Fort Harrison	Facility Planner	Document Preparation Technical Review

8.0 REFERENCES CITED

- Anderson 2018. Anderson Engineering. New Acute Inpatient Care Building Siting Alternative Evaluation. February 5, 2018.
- City-Data 2018. Helena Montana. Available at: <http://www.city-data.com/city/Helena-Montana.html> (accessed April 19, 2018).
- DEQ 2018a. 2017 Air nonattainment Standards. Montana Department of Environmental Quality. Available at: <http://deq.mt.gov/Air/2017Air/Standards/airnonattainment> (accessed April 13, 2018).
- DEQ 2018b. Montana Public Asbestos. Available at: <http://deq.mt.gov/Public/Asbestos/ACPprogDesc> (accessed April 13, 2018).
- DEQ 2018c. Mapping DEQ's Data. Available at: <https://svc.mt.gov/deq/dst/#/app/haz> (accessed April 13, 2018).
- Ingraham 2013. Asbestos Inspection for VA Medical Health Care System Building 141 – Bathroom remodels Fort Harrison. Ingraham Environmental, Inc. April 17, 2013.
- Layton 2017a. Phase II Seismic Study Building 141 VAMC Ft. Harrison, MT. Engineered with Layton, PLC. August 2017a.
- Layton 2017b. Phase II Seismic Study Building 150 VAMC Ft. Harrison, MT. Engineered with Layton, PLC. August 2017b.
- Layton 2017c. Phase II Seismic Study Building 154 VAMC Ft. Harrison, MT. Engineered with Layton, PLC. August 2017c.
- Layton 2017d. Phase II Seismic Study Building 154A VAMC Ft. Harrison, MT. Engineered with Layton, PLC. August 2017d.
- NPS 2016. Fort Harrison Veterans' Hospital Historic District. National Park Service. Available at: <https://www.nps.gov/nr/feature/places/16000874.htm> (Accessed May 31, 2018).
- Pioneer 2004. Pioneer Technical Services, Inc. A Geotechnical Evaluation Report. May 7, 2004.
- Row 10. 2018. Preliminary Cultural Resources Study—VA Montana Health Care System, Fort Harrison, Montana. Row 10 Historic Preservation Solutions.
- Spack 2018. Transportation Impact Study. Spack Consulting. 2018.
- United 2007. Limited Lead-Based Paint Inspection Administrative Building # 141 Main Hospital Building # 154 VA Montana Healthcare System 12 Highway and Williams Street Fort Harrison, MT 59636. United Consulting Services, Inc. August 24, 2007.
- USGS 1986. Geology, Earthquake Hazards, and Land Use in the Helena Area, Montana—A Review. U.S. Geological Survey Professional Paper 1316. U.S. Government Printing Office, Washington. 1986.
- USGS 1986. Geology, Earthquake Hazards, and Land Use in the Helena Area, Montana—A Review. U.S. Geological Survey Professional Paper 1316. 1986.
- USGS 2001. Helena Quadrangle Montana 7.5-Minute Series Topographic Map. 2001.
- VA 1998. Environmental compliance manual. Office of Facilities Management. Prepared by the Landscape Architect Professional Group, August 1995, Updated March 19998 and July 1998.
- VA 2010a. NEPA Interim Guidance for Projects. Office of Construction and Facilities Management, Washington DC. PG_18-17 (rev.). September 30, 2010.
- VA 2010b. Department of Veterans Affairs, Office of Construction and Facilities Management. TIL—Master Construction Specifications. Available at <https://www.cfm.va.gov/til/spec.asp> (accessed April 13, 2018).
- VA 2017a. Historic Preservation Plan VA Montana Health Care System—Fort Harrison. 2017.

VA 2017b. VA Directive 7512 Seismic Safety of VA Buildings. Department of Veteran Affairs, Washington DC. August 3, 2017.

9.0 LIST OF ACRONYMS & ABBREVIATIONS

Term	Definition
BMPs	Best Management Practices
CAA	Clean Air Act (federal)
CEQ	Council on Environmental Quality (federal)
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
CFM	VA Office of Construction and Facilities Management
CFR	Code of Federal Regulations
CH ₄	methane
CO	Carbon monoxide
CO ₂	Carbon dioxide
CO _{2e}	carbon dioxide equivalent
CWA	Clean Water Act (federal)
CZMA	Coastal Zone Management Act
dB(A)	Decibel, A-weighting is a frequency weighting that relates to the response of the human ear
DNL	Day-Night Average Sound Level
EA	Environmental Assessment
EIS	Environmental Impact Statement
EISA	Energy Independence and Security Act
EO	Executive Order (federal)
EPCRA	Emergency Planning and Right to Know Act
ESA	Endangered Species Act (federal)
ESRI	Environmental Systems Research Institute
FEIR	Final Environmental Impact Report (CEQA)
FFDCA	Federal Food, Drug and Cosmetic Act
FEPCA	Federal Environmental Pesticide Act
FIFRA	Federal Insecticide, Fungicide, and Rodenticide Act
FONSI	Finding of No Significant Impact
FPPA	Farmland Protection Policy Act
FQPA	Food Quality Protection Act
GEMS	Green Environmental Management System (VA facility)
GHG	greenhouse gas
GSF	gross square feet
GWP	global warming potential
HVAC	heating, ventilation, and air conditioning
LTC	Long Term Care
MBTA	Migratory Bird Treaty Act
MS4	Municipal separate storm sewer systems
MTS	Metropolitan Transit System
NAAQS	National Ambient Air Quality Standards (federal)
NAGPRA	Native American Graves Protection and Repatriation Act
NCA	Noise Control Act (federal)
NEPA	National Environmental Policy Act (federal)
NHPA	National Historic Preservation Act (federal)
NO _x	nitrogen oxide

NO ₂	nitrous oxide
NPDES	National Pollution Discharge Elimination System (federal)
NRHP	National Register of Historic Places
NSF	net square feet
O ₃	ozone
OPA	Oil Pollution Act
PM ₁₀	particulate matter less than or equal to 10 micrometers in size
PM _{2.5}	particulate matter less than or equal to 2.5 micrometers in size
PPM	parts per million
RCRA	Resource Conservation and Recovery Act
RMW	regulated medical waste
ROI	region of influence
SDWA	Safe Drinking Water Act
SHPO	State Historic Preservation Officer (Montana)
SO ₂	sulfur dioxide
SPCC	Spill Prevention, Control and Countermeasure Plans
SWPPP	Storm Water Pollution Prevention Plan
TMDL	Total Maximum Daily Load
TSCA	Toxic Substances Control Act
USEPA	United States Environmental Protection Agency
USFWS	United States Fish and Wildlife Service
VA	Department of Veterans Affairs
VAMC	Veterans Affairs Medical Center
VOC	volatile organic compounds
WMC	waste management center

Appendix A—Agency Correspondence



United States Department of the Interior

FISH AND WILDLIFE SERVICE

Montana Ecological Services Office
585 Shephard Way, Suite 1
Helena, Montana 59601-6287
Phone: (406) 449-5225; Fax: (406) 449-5339



In Reply Refer To:
06E11000-2018-TA-
0329; 06E11000-
2018-CPA-0077

April 12, 2018

Chanda Joshi, Project Manager
Department of Veteran Affairs
1425 Tri-State Parkway, Suite 140
Gurnee, Illinois 60031

Dear Ms. Joshi:

This is in response to your March 16, 2018, request for U.S. Fish and Wildlife Service (Service) comments regarding the Environmental Assessment for seismic upgrades and specialty care improvements for the VA Medical Center at Fort Harrison, Lewis and Clark County, Montana.

Considering the nature, scope, and location of the proposed seismic retrofits and new construction within the existing VA Medical Center, the Service does not anticipate adverse effects to any federally listed threatened, endangered, candidate or proposed species or critical habitat. There may be state species of concern in the vicinity of the project and we recommend contacting the Montana Department of Fish, Wildlife and Parks at 1420 East Sixth Ave., P.O. Box 200701, Helena, MT 59620-0701, 406-444-2535 or the Montana Natural Heritage Program, 1515 East 6th Avenue, Box 201800, Helena, MT 59620-1800, 406-444-5354.

The Service appreciates your efforts to incorporate fish and wildlife resource concerns, including threatened and endangered species, into your project planning. If you have questions or comments related to this issue, please contact Brent Esmoil at (406) 449-5225 extension 215.

Sincerely,

for Jodi L. Bush
Office Supervisor



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
CORPS OF ENGINEERS, OMAHA DISTRICT
HELENA REGULATORY OFFICE
10 WEST 15TH STREET, SUITE 2200
HELENA, MONTANA 59626

April 5, 2018

Regulatory Branch
Montana State Program
Corps No. **NWO-2018-00612**

Subject: Department of Veterans Affairs - Building Construction - Cherry Creek - (Lewis & Clark County)

Department of Veterans Affairs
Attn: Chanda Joshi
1425 Tri-State Parkway, Ste 140
Gurnee, IL 60031

Dear Ms. Joshi:

We are responding to your request for Department of Army (DA) permitting regarding the above-referenced project. Specifically, you are proposing to construct a new 80,000 square foot three story building in an existing parking lot. The project is located within Section 15, Township 10 N, Range 4 W, Principal Meridian, Latitude 46.619648°, Longitude -112.102768°, Lewis and Clark County, Montana.

This project has been reviewed in accordance with Section 404 of the Clean Water Act and Section 10 of the Rivers and Harbors Act of 1899. Under the authority of Section 404, Department of the Army (DA) permits are required for the discharge of fill material into waters of the U.S. Waters of the U.S. include the area below the ordinary high water mark of stream channels and lakes or ponds connected to the tributary system, and wetlands adjacent to these waters. Isolated waters and wetlands, as well as man-made channels, may be waters of the U.S. in certain circumstances, which must be determined on a case-by-case basis. Under the authority of Section 10, DA permits are required for structures or work in, over, or under a navigable water of the U.S., or work which affects the course, location, condition or capacity of such waters. Based on the information provided, a Department of the Army permit will not be required for this activity

Based on the information you have provided on March 23, 2018, the proposed work will not result in the discharge of dredged or fill material within waters of the United States and does not involve work in, over or under navigable waters of the United States. Therefore, a DA permit is not required for this work. Measures should be taken to prevent construction materials and/or activities from entering any waters of the United States. Appropriate soil erosion and sediment controls should be implemented onsite to achieve this end.

Although a Department of the Army permit will not be required for this activity, this does not eliminate the requirements that other applicable federal, state, tribal, and local permits are obtained if needed. Please be advised that deviations from the original plans and specifications of this project could require additional authorization from this office.

Please refer to identification number NWO-2018-00612 in any correspondence concerning this project. If you have any questions, please contact Marena Gilbert at P.O. Box 7032, Billings, MT 59103, by email at *Marena.A.Gilbert@usace.army.mil*, or telephone at 406-657-5912.

Sincerely,

Marena A. Gilbert
Regulatory Project Manager



April 12, 2018

Chanda Joshi
Project Manager
Department of Veterans Affairs
1425 Tri-State Parkway, Ste 140
Gurnee, IL 60031
Chanda.joshi@va.gov

RE: Department of Veterans Affairs
Environmental Assessment for Seismic Upgrades and Specialty Care Improvements,
VA Medical Center, Fort Harrison, Montana

Dear Chanda Joshi:

Thank you for the opportunity to comment on the proposed project referenced above.

From your project description, we believe that this project has no impact on resources outside the building that require further DEQ attention. I'm attaching a fact sheet for water protection that will assist you in determining if you meet thresholds for permitting should the project change. I'm also attaching our asbestos brochure compliance form for your information.

If after looking at the fact sheets, you determine that your project may require further consultation you can reach the Water Protection Bureau staff at (406) 444-3080 or our Hazardous Waste Underground Tank Management Bureau at (406) 444-5300.

Sincerely,

A handwritten signature in blue ink, appearing to read "L Ford", is written over the word "Sincerely,".

Lindsay Ford
Executive Assistant
Department of Environmental Quality
(406) 444-5270

Enclosure
REF#: 2018-053



Asbestos Compliance Assistance

A Montana accredited asbestos inspector must perform a thorough inspection of a facility (or affected portion of the facility) before any renovation or demolition, regardless of size or age.

- If an activity becomes an “asbestos project,” involving asbestos containing materials greater than 10 square feet, 3 linear feet or 3 cubic feet, the owner or operator of the facility must use an asbestos contractor. Depending on the amount of material, MDEQ must receive an asbestos project permit application five to ten working days prior to the start date of the job.
- You must notify the MDEQ ten working days prior to the start of a demolition, even if no asbestos is present.
- A copy of the asbestos inspection report must be onsite during the asbestos project or demolition.
- Montana has listed asbestos inspectors on the MDEQ website:
<http://deq.mt.gov/Public/Asbestos/acpCurrentInspectors>

You may access hard copy Asbestos project and demolition forms at <http://deq.mt.gov/Public/asbestos/Forms>, and submit forms by postal delivery, fax, email, or for asbestos projects, our online service at <https://app.mt.gov/AsbestosPermits>.

If you have additional questions contact us at 406-444-5300 or degacponline@mt.gov.

BEFORE ANY DEMOLITION OR RENOVATION – INSPECT, NOTIFY, PERMIT



I'm remodeling my home. What do I need to do?

State of Montana asbestos regulations do not apply to private residences or to a four-plex or smaller multifamily unit unless they are part of a larger complex (see rules). Nonetheless, it is recommended you have materials tested for asbestos prior to remodeling or demolition. OSHA asbestos regulations may apply to work done on residences. These rules require an employer to characterize all materials prior to impact, and communicate any potential hazard to employees. This requires inspection. Landfills may also require proof of inspection for asbestos prior to admitting construction debris through the gate. Contact your local landfill for their requirements. DEQ recommends that homeowners hire qualified asbestos professionals and not do their own asbestos abatement.

My building is new and I do not believe it contains asbestos. Do I still need to have it inspected?

Yes. Even though most ACMs have been banned from production, some ACMs are still being produced, imported and installed in new construction. All buildings must be inspected regardless of age.

What will happen if I fail to comply with these requirements?

Failure to comply with these requirements may result in enforcement actions including fines and penalties. In some cases, individuals and companies can be prosecuted criminally. Both the building owner and the contractor share the responsibility of making sure these requirements are met.



Where can I find additional information, including lists of accredited asbestos inspectors, contractors, and necessary forms?

All information can be found on DEQ's website:
www.asbestos.mt.gov.

For asbestos companies go to <http://deq.mt.gov/asbestos/acpcontractorinfo.mcp>.

For more information contact:

Asbestos Control Program
1-406-444-5300
www.asbestos.mt.gov

DEQ Enforcement Division
Asbestos Complaint Line
1-406-444-0379

This guidance document is current as of November 2013.
However, information contained in this document is subject to change pending rule revisions.

500 copies of this public document were published at an estimated cost of \$1.01 per copy for a total of \$505.67, which includes \$505.67 for printing and \$0.00 for distribution.

Printed on  recycled paper.

Think Asbestos



Before you renovate or demolish . . .

INSPECT for ASBESTOS using an accredited inspector;
NOTIFY the Montana Department of Environmental Quality (DEQ);
PERMIT may be needed from DEQ.

It's the Law!

May 2017
DEQ
Montana Department
of Environmental Quality

BEFORE ANY DEMOLITION OR RENOVATION – INSPECT, NOTIFY, PERMIT

Did you know...

All buildings, (except four-plex or smaller residential structures) regardless of age or construction type, **must have** a pre-renovation or pre-demolition **asbestos inspection** prior to the initiation of any work? This is required under the Montana Department of Environmental Quality's (DEQ) asbestos regulations, EPA, and State and Federal labor (MDLI, OSHA) regulations.

Whom do I have to notify when I renovate a building that contains asbestos?

When more than three square feet or three linear feet of regulated asbestos containing material (ACM) will be disturbed, a project permit application must be submitted to DEQ ten working days in advance of the date when activities will begin that will disturb asbestos-containing material.

What is asbestos?

Asbestos is a group of naturally occurring minerals made up of long, thin fibers. Asbestos fibers have been used in thousands of materials and products because of their unique properties such as high tensile strength, flexibility, acoustical properties and resistance to thermal, chemical and electrical conditions. If inhaled, asbestos fibers can cause diseases such as lung cancer, mesothelioma, and asbestosis.



What products or materials contain asbestos?

Asbestos has been used in over 3,500 different building materials. It has been used in thermal systems, wall and ceiling texture, plaster, wallboard, concrete, adhesives, ceiling tiles, roofing, pipe exterior siding, vermiculite insulation and other products. Surprisingly, asbestos is still being added to many building materials.

As a building owner or contractor, can I inspect for asbestos myself?

Asbestos inspections must be performed by a trained asbestos inspector licensed or accredited by (DEQ). The sampling and packaging of materials for analysis must also be done by an accredited and certified asbestos inspector. Asbestos can only be identified using microscopic analysis.

What if the inspector finds asbestos in a building that will be renovated or demolished?

The action depends upon the category, condition, and amount of asbestos found and whether the ACM is friable or non-friable. ACM is material containing greater than one percent asbestos. Friable ACM is material containing one percent or greater asbestos, that when dry, can be crumbled, pulverized or reduced to powder by hand pressure.

Three categories of ACM exist:

1) Regulated Asbestos Containing Material (RACM)

This category includes, but is not limited to, all friable ACM and non-friable ACM that has become friable or will become friable during a renovation or a demolition activity. All RACM must be handled by accredited individuals working under a permit issued by DEQ. All RACM must be removed prior to demolition or renovation if the renovation or demolition may impact the material. Transport and disposal of RACM requires a permit from DEQ.

2) Category I – Non-friable Asbestos Containing Material

This category includes, but is not limited to, gaskets, resilient floor coverings such as linoleum and floor tile, and asphalt roofing products that contain more than one percent asbestos. These materials may have to be removed prior to renovation or demolition depending on type and condition. These variables should be addressed in the asbestos inspection/survey.

3) Category II – Non-friable Asbestos-Containing Material

This category includes any material containing more than one percent asbestos that is not included under Category I non-friable ACM. Examples are cement asbestos



siding, cement asbestos piping, asbestos-containing hard putties, and concrete. Most Category II non-friables must be removed before renovation or demolition begins because these materials are likely to become friable and thus, regulated by DEQ.

Can I remove asbestos myself?

An individual or contractor removing ten or more square or three or more linear feet of regulated asbestos containing RACM material must be accredited by DEQ. Workers removing Category I and II non-friable material must, however, meet OSHA's asbestos training and work practice requirements. Contact OSHA at (800) 321-6742 or (406) 247-7494 or www.osha.gov for more information.

Fact Sheet
Water Quality Permits for Construction Related Activities
Water Protection Bureau
Montana Department of Environmental Quality

MPDES Storm Water Permit: Construction related activities that result in greater than one acre of disturbance and may generate storm water runoff from the construction site during the life of the project must obtain authorization prior to initiation of the construction activity. For purposes of this regulation, construction activities include clearing, grading, excavation, and stockpiling or placement of earthen materials. Routine maintenance activities that disturb less than 5 areas and do not change the original configuration of the site are not subject to this regulation. The owner or operator is required to develop a Storm Water Pollution Prevention Plan (SWPPP). These discharges are covered under a general permit (MTR10000). Coverage under the general permit is effective upon receipt of a completed NOI package (application, storm water pollution prevention plan, and fee).

MPDES Construction Dewatering: Non-storm water discharges of sediment laden water from coffer dams, trenches, pipeline construction, excavation pits, borrow areas, well development or other activities that is discharged to state waters, including irrigation canals, drainage ditches and wetlands, are prohibited unless authorized by the Department. Typically, these activities are authorized under the Department's general permit for construction dewatering (MTG070000). Under most conditions the permittee is required to construct and operate some form of treatment to remove turbidity and sediment to meet state water quality standards. The discharge of ground water that contains petroleum contaminates or other wastes must be authorized and comply with the requirements of the Department's petroleum clean up general permit (MTG790000 or MTX30000) prior to discharge to state surface or ground water. These permits are typically issued within 30 days of receipt of a completed application.

Short-term water quality standard for turbidity (318): Montana water quality standards prohibit the increase in sediment or turbidity above specific amounts in state surface waters. A Section 318 authorization provides a short-term turbidity standard for activities that are conducted in state waters and may cause disturbance of the streambed sediments. A 318 authorization is typically processed in 7 to 21 days but may require longer review for complexity or environmentally sensitive areas.

401 Certification: Section 404 of the federal Clean Water Act is administered by the US Army Corps of Engineers; these permits are for dredge and fill in waters of the US, including wetlands. Please contact the Corps at (406) 441-1375. The Department provides CWA 401 certification of 404 projects and works directly with the Corps on these issues. A joint application form is used.

General Information

Fees: All of the above permits require the applicant to pay a fee prior to Department review of the application. The fee varies depending on the type of permit and complexity of the project. A fee schedule is available upon request at (406) 444-3080, or on the Departments website at:

www.deq.mt.gov

Appendix B—Photo Layout



Overview of Medical Center Complex showing Building 141 (left), 154A (right), and 154 (right background), facing west



Building 141, facing southwest



Building 154A, facing east



Existing Parking Lot C and future approximate location of Acute Inpatient Care Building, facing south.



Existing Parking Lot K and future approximate location of the Parking Structure, facing northeast.

ENVIRONMENTAL ASSESSMENT

VAMC FORT HARRISON SEISMIC UPGRADES AND SPECIALTY CARE IMPROVEMENTS
HELENA, LEWIS AND CLARK COUNTY, MONTANA

JUNE 2018

Appendix C—Public Comments

Affidavit of Publication – Notice of Availability of Draft EA, 30-Day Public Comment Period:

Page : 1 of 1 06/13/2018 11:10:45

Order Number : 20426224
PO Number : alex yellick
Customer : 60037285 Andreson Engineering
Contact :
Address1 : 13605 1st Avenue North
Address2 : Suite 100
City St Zip : Plymouth MN 55441
Phone :
Fax : [REDACTED]

Printed By : Cathyann Christian
Entered By : Cathyann Christian

Keywords : The Department of Veterans Affairs (VA) announces
Notes :
Zones :

Ad Number : 10963994
Ad Key :
Salesperson : Legal - Legals - Helena
Publication : Independent Record
Section : Class Section
Sub Section : Legal
Category : 9999 Legals
Dates Run : 06/15/2018-06/15/2018
Days : 1
Size : 2 x 2.13, 20 lines
Words : 176
Ad Rate : Legal Line
Ad Price : 76.60
Amount Paid : 76.60
Amount Due : 0.00

RECEIVED JUN 18 2018

The Department of Veterans Affairs (VA) announces the preparation and availability of a Draft Environmental Assessment (EA) for the proposed structural retrofitting and selected renovations to Fort Harrison VA Medical Center facilities located at 3687 Veterans Drive, Fort Harrison, Montana. The Draft EA has been prepared in accordance with the regulations for implementing the procedural provisions of the National Environmental Policy Act (NEPA), (Public Law 91-190, 42 USC 4321-4347 January 1, 1970), amendments, and VA's Implementing Regulations (38 CFR Part 26). The Draft EA will be available for review and comment for a thirty-day period in accordance with the Council on Environmental Quality Regulations for implementing NEPA, Section 1508.13. The public comment period will end on Sunday, July 15, 2018.

A copy of the Draft EA is available for review on the following website: www.montana.va.gov
If you would like to comment on the proposed project at this time, please email MTVAProjectComments@va.gov, or at the following mailing address:

Department of Veterans Affairs
Chanda Joshi
1425 Tristate Parkway, Suite 140
Gurnee, IL 60031

June 15, 2018

MNAXLP

AFFIDAVIT OF PUBLICATION

STATE OF MONTANA,
County of Lewis & Clark

Billie Jo Williams

Being duly sworn, deposes and says;

That she is the principal clerk of the Independent Record, a newspaper of general circulation published daily in the City of Helena, in the County of Lewis & Clark, State of Montana, and has charge of the advertisement thereof:

That the Draft Environmental Assessment

a true copy of which is hereto annexed, was published in said newspaper on the following dates: viz.:

June 15, 2018

making in all _1_ publication(s)

Subscribed and sworn to me this _15_ day of _June_, 2018.

Billie Jo Williams

Colleen D. Simkins

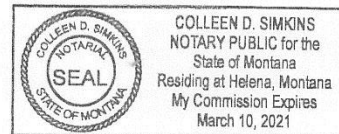
Notary Public for the State of Montana

Printed Name: Colleen D. Simkins

Residing at Helena, Montana

My commission expires March 10, 2021

(Notary Seal)





REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
CORPS OF ENGINEERS, OMAHA DISTRICT
HELENA REGULATORY OFFICE
10 WEST 15TH STREET, SUITE 2200
HELENA, MONTANA 59626

June 29, 2018

Regulatory Branch
Montana State Program
Corps No. **NWO-2018-00612**

Subject: Department of Veterans Affairs – Environmental Assessment for VA Medical Center
Fort Harrison - Cherry Creek (Lewis & Clark County)

Department of Veterans Affairs
Attn: Chanda Joshi
1425 TriState Parkway, Suite 140
Gurnee, IL 60031

Dear Ms. Joshi:

We are responding to provide comment on the Department of Veterans Affairs (VA) Draft Environmental Assessment (EA) regarding the proposed new building construction, structural retrofitting and selected renovation to the VA Medical Center facilities on Fort Harrison. The project is located within Section 15, Township 10 N, Range 4 W, Latitude 46.619648°, Longitude -112.102768°, Fort Harrison, Lewis and Clark County, Montana.

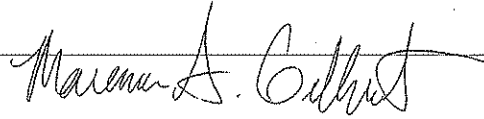
This project has been reviewed in accordance with Section 404 of the Clean Water Act and Section 10 of the Rivers and Harbors Act of 1899. Under the authority of Section 404, Department of the Army (DA) permits are required for the discharge of fill material into waters of the U.S. Waters of the U.S. include the area below the ordinary high water mark of stream channels and lakes or ponds connected to the tributary system, and wetlands adjacent to these waters. Isolated waters and wetlands, as well as man-made channels, may be waters of the U.S. in certain circumstances, which must be determined on a case-by-case basis. Under the authority of Section 10, DA permits are required for structures or work in, over, or under a navigable water of the U.S., or work which affects the course, location, condition or capacity of such waters.

Based on the project information you provided on March 23, 2018, the proposed work will not result in the discharge of dredged or fill material within waters of the United States and does not involve work in, over or under navigable waters of the United States. Therefore, a DA permit is not required for this work. Measures should be taken to prevent construction materials and/or activities from entering any waters of the United States. Appropriate soil erosion and sediment controls should be implemented onsite to achieve this end. Review of the *Public Draft Environmental Assessment of the Proposed Seismic Upgrades and Specialty Care Improvements to the Fort Harrison Medical Center Helena, Lewis and Clark County, Montana* dated June 2018, solicits no further comments.

Although a Department of the Army permit will not be required for this activity, this does not eliminate the requirements that other applicable federal, state, tribal, and local permits are obtained if needed. Please be advised that deviations from the original plans and specifications of this project could require additional authorization from this office.

Please refer to identification number **NWO-2018-00612** in any correspondence concerning this project. If you have any questions, please contact me at P.O. Box 7032, Billings, MT 59103, by email at *Marena.A.Gilbert@usace.army.mil*, or telephone at 406-657-5912.

Sincerely,

A handwritten signature in black ink, reading "Marena A. Gilbert". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Marena A. Gilbert
Regulatory Project Manager